## 7 1000000

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·			
(Ac	idress)				
(Ac	ldress)				
(Ĉi	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	_	ļ			

Office Use Only



000379101140

MAR 2 1 2027. I ALBRITTON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGŁOBAL.COM

Account#: I20000000088

Date: March 17, 2022		Adddd11. 12000000000
Name: David Sh	ulman	
Reference #:	1617655	_
Entity Name:	MAINSTREE	T DEVON PARK, LTD.
Articles of Incorpor	ation/Authorizatior	n to Transact Business
Amendment		
☑ Change of Agent		ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
Merger		
Dissolution/Withdra	awal	
Fictitious Name		
Other		
Authorized Amount:	\$35.00	
Signature:	David Shulman	

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	MAINSTR						
Nan	ne of Limited Partne	rship or Limited	Liability Lin	nited Partnersh	nip		
	ril 22, 2021 3. A2100 /registration in Florida Florida docu				000187		
Date of filing/	registration in Floric	la	E	Florida docum	ent number		
4. The name of the reg Department of State:	istered agent and the	e registered offic	e address as s	shown on the	records of the Flo	rida	
	MAINSTE	REET DEVO	N PARK, I	NC.			
	2101 W. CON	MERCIAL E	BLVD., ST	E. 1200	SE TA	2022	
	FORT LA	AUDERDALE City, State and		309	LLAH	MAR !	
5. The name and Flori	da street address of t		-	or office:	RY OF S INSSEE.	2022 MAR 18 PM 2: 06	
	COG	ENCY GLO	BAL INC.		THE CO	?	Ü
•	· <del>-</del>	Name				90	
	115 <b>N</b> o	rth Calhoun	St., Suite	4			
•	Florida street	address (P.O. B	ox not accept	table)			
	Talla	hassee	FL_	32301			
		City, State and	Zip				
6. Such change(s) is/a	re effective when file	ed by the Florida	Department	of State.			
/s/ Paul J. Kilg	allon MA	INSTREE	L DEAO	N PARK,I	NC., Gener	ral Pa	artner,
Signature of General P	artner	by F	Paul J. K	ilgallon, [	Director		
I hereby accept the app comply with the provis and I am familiar with	ions of all statutes re	elative to the pro	per and comp	plete performa			
/s/ Michael (	Carlisle						
Signature of Registered	d Agent N	lichael Car	lisle, Ass	sistant Se	ecretary		
Filing Fee: Certified Copy (o	\$35.0 ptional): \$52.5						